

Dental Sealants



Dental Sealants: This GPRA objective estimates the coverage or prevalence of dental sealants in American Indian and Alaska Native (AI / AN) patients ages 2 through 15. The computational formula is a complicated one. The numerator consists of two factors: (1) the number of patients ages 2 through 15 who receive \geq one sealant during the current GPRA year, and (2) the number of patients in this age group who are examined and found to have \geq one intact sealant and need no further teeth sealed. This latter criterion confers three years of “credit.” That is, the patient with intact sealants and no need for additional sealants is “counted for three consecutive years in the numerator. The denominator is the user population for the age group 2 through 15 years of age.

Ways to increase the prevalence of sealant coverage.

Go to where the children are: School-Based Sealant Programs.

School-based sealant programs are the most effective and efficient way to provide sealants for school age children. There are various ways to approach school programs, depending on your resources and local situation.

- Many dental programs, especially those with tribal schools on their reservations, take staff and portable dental units to the schools to provide screenings and dental sealants on-site. Some programs target specific grades to coincide with the eruption of the first and second molars. Other programs see all children in each grade so they may apply sealants, as well as gain access to children who are in urgent need of dental care who might not visit the dental clinic on a yearly basis. The advantage of these programs is that you can see many children efficiently and quickly, taking very little time out of their school day for dental services.
- Some programs work with the schools to bring the children to the dental clinic in small groups to receive exams and sealants during the school day. This requires another person such as a school nurse or CHR to gather and transport the children back and forth from the school to the clinic. The advantage to these programs is that because you are not using portable dental units, it is sometimes possible to achieve greater isolation of teeth to be sealed. Retention rates of sealants placed in the clinic setting are often greater than rates achieved with portable equipment within the school.

Recruit children to the dental clinic.

There are many AI / AN communities where the children attend public schools that are many miles away from the dental clinic, and where many of the children are not AI/AN. These circumstances make school-based sealant programs difficult, if not impossible. Therefore, your challenge is to recruit school age children to the dental clinic for exams and sealants. Here are some ideas that have worked in other AI/AN communities:

- Work with someone at your facility familiar with your RPMS data. Request lists of AI / AN children. You can print labels through RPMS to send postcards or letters to the children’s homes, inviting them to the dental clinic for sealants.
- Schedule “sealant days” during school breaks or summer and encourage families to make appointments during these special days. “Sealant days” where one or two dental chairs and staff are designated for sealants are generally very efficient, if you are fully booked.

- Offer modest incentive gifts for children who have their sealants completed. While we could make the argument that incentives should not be necessary, and certainly are not required, some programs have found them useful in increasing access for school age children. .
- Recruit children during Health Fairs or other community events, such as Pow Wows.
- Write letters in Tribal newsletters or do public service announcements on local radio stations to announce “sealant days” and recruit children to the dental clinic.
- Ask your staff and community members “Where do children go in our community?” It is common for Tribes to sponsor after-school care and summer recreation programs. You can coordinate with these programs to have children transported to the dental clinic for exams and sealants.
- Don’t overlook Head Start and Kindergarten children because some 5 year olds have fully erupted first permanent molars. It is also a good idea to seal primary molars on children who are at high risk for future dental caries.
- Try to provide any needed sealants during exam appointments. If the patient fails to return for subsequent appointments, the sealants are still provided. Do not wait to provide sealants until all other restorative care is provided.
- Participate in the “Give Kids a Smile” national effort each February to celebrate Children’s Dental Health Month. Register your program for the event at www.ada.org and receive event planning resources, incentive items from Colgate, and other support for your project.

Be sure to discuss with key staff to set a measurable objective for each GPRA year. You can track the number of sealants applied quarterly through RPMS to measure your progress. While the national objective estimates the coverage of dental sealants, maximizing the number of sealants placed is an appropriate strategy for meeting the national annual targets. For further assistance in setting a reasonable annual target and tracking your progress, you can contact your ADO or Dental Support Center staff.

Effective and efficient sealant programs require a high level of organization, commitment, and creativity. The payoff, however, is not only increased GPRA numbers, but also the provision of an evidence-based intervention that we know works to prevent dental caries. Results of the IHS Oral Health Survey demonstrated that AI/AN children with dental sealants had less dental caries than those without, and we know that it is through prevention that we will decrease the amount of dental disease among AI/AN children.

Your contacts for any questions this guidance might elicit:

- At the Area level, your Area Dental Director and your Dental Support Center personnel (most but not all Areas now have Support Centers)
- At the national level, your dental GPRA coordinator is Dr. Patrick Blahut at Headquarters. He can be reached at Patrick.Blahut@ihs.gov.